

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES

Doing Business As **CEDPA**

Number and street (or P.O. box if mail is not delivered to street address)

1120 20TH STREET NW

Room/suite

720

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20036

F Name and address of principal officer

CAROL PEASLEY

SAME AS C ABOVE

D Employer identification number

52-1021663

E Telephone number

202-667-1142

G Gross receipts \$ 10,704,530.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CEDPA.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1975 M State of legal domicile: DC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	SEE PART III, LINE 1.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	46
	6	Total number of volunteers (estimate if necessary)	6	20
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	10,973,709.	9,482,831.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,930.	-142,789.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,123.	440,925.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,072,762.	9,780,967.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,619,493.	1,092,468.
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a		Professional fundraising fees (Part IX, column (A), lines 11-12)	6,247,377.	4,586,205.
16b		Total fundraising expenses (Part IX, column (D), line 25)	18,300.	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,197,419.	5,319,886.
18		Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	13,082,589.	10,998,559.
19		Revenue less expenses - Subtract line 18 from line 12	-2,009,827.	-1,217,592.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year
	21	Total liabilities (Part X, line 26)	6,388,993.	4,695,731.
	22	Net assets or fund balances - Subtract line 21 from line 20	1,372,818.	574,831.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	<i>Carol Peasley</i>		Date	<i>Oct. 31, 2011</i>
	CAROL PEASLEY, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	GELMAN, ROSENBERG & FREEDMAN	Firm's EIN		
	Firm's address	4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MD 20814-2930			
	Phone no.	(301) 951-9090			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

17 610

THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Form 990 (2010)

52-1021663 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ **X**

- 1 Briefly describe the organization's mission
CEDPA IS AN INTERNATIONAL LEADER IN DESIGNING AND IMPLEMENTING
PROGRAMS TO IMPROVE THE LIVES OF WOMEN AND GIRLS. AT THE CORE OF OUR
WORK IS THE BELIEF THAT WOMEN ARE CRITICAL FOR ADVANCING GLOBAL
DEVELOPMENT, DEMOCRACY AND PROGRESS. CEDPA EQUIPS AND MOBILIZES WOMEN
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No
If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
- 4a (Code _____) (Expenses \$ 3,421,112. including grants of \$ 629,450.) (Revenue \$ _____)
POSITIVE LIVING (PL):
NIGERIA POSITIVE LIVING IS A USAID/PEPFAR FUNDED PROJECT IN 14 NIGERIAN
STATES THAT IMPROVES THE QUALITY OF LIFE FOR PEOPLE LIVING WITH AND
AFFECTED BY HIV/AIDS. THE OBJECTIVES OF POSITIVE LIVING INCLUDE: 1)
STRENGTHENED INSTITUTIONAL AND TECHNICAL CAPACITY OF FIVE MULTIPLIER
ORGANIZATIONS; 2) STRENGTHENED AND EXPANDED HIV/AIDS CARE AND SUPPORT
SERVICE DELIVERY CAPACITY AT THE STATE, DIOCESE AND LOCAL LEVELS; 3)
PROMOTION AND EXPANSION OR PREVENTION ACTIVITIES IN THE COMMUNITIES;
AND 4) SUSTAINABLE EMPLOYMENT GENERATION AND BUSINESS DEVELOPMENT
SERVICES PROVIDED TO PLWAS AND CAREGIVERS, AND EXPANDED PREVENTION AND
COMMUNITY MOBILIZATION ACTIVITIES OR DEMAND CREATION FOR VCT AND ART
AND STIGMA REDUCTION KEY ACTIVITIES INCLUDE SUB-GRANTS TO NGS/FBOS
- 4b (Code _____) (Expenses \$ 2,544,301. including grants of \$ 129,387.) (Revenue \$ _____)
CAPACITY BUILDING:
THE TARGETED STATES HIGH IMPACT PROGRAM (TSHIP) IS A 5 YEAR USAID
FUNDED PROJECT BEING IMPLEMENTED IN THE STATES OF BAUCHI AND SOKOTO IN
NORTHERN NIGERIA. IT IS AN INTEGRATED FAMILY PLANNING, REPRODUCTIVE
HEALTH AND MATERNAL AND CHILD HEALTH (MCH/FP/RH) PROJECT WITH THE
OVERALL PRIMARY OBJECTIVE TO INCREASE THE USE OF SELECTED HIGH IMPACT
INTERVENTIONS IN BAUCHI AND SOKOTO THROUGH PUBLIC SECTOR HEALTH
SERVICES. THE OBJECTIVES OF THE PROGRAM ARE: 1) STRENGTHEN STATE AND
LOCAL GOVERNMENT CAPACITY TO DELIVER AND PROMOTE USE OF HIGH IMPACT
MCH/FP/RH INTERVENTIONS; 2) STRENGTHEN THE DELIVERY AND PROMOTION OF
HIGH IMPACT FP/RH/MNCH INTERVENTIONS AT PHC FACILITIES AND ESSENTIAL
REFERRAL LEVELS; 3) STRENGTHEN THE ROLES AND HOUSEHOLDS AND COMMUNITIES
- 4c (Code _____) (Expenses \$ 2,295,101. including grants of \$ 88,250.) (Revenue \$ _____)
OTHER COST REIMBURSABLE PROJECTS:
CEDPA CONDUCTS SEVERAL WOMEN'S LEADERSHIP PROGRAMS, INCLUDING THE
GLOBAL WOMEN IN MANAGEMENT (GWIM) SERIES, COACHING AND ADVOCACY
WORKSHOPS. CEDPA'S TRAINING PROGRAM DESIGNED TO STRENGTHEN THE
TECHNICAL, LEADERSHIP, AND PROGRAM MANAGEMENT SKILLS OF WOMEN ENGAGED
IN A VARIETY OF DEVELOPMENT ISSUES. IT RESPONDS DIRECTLY TO THE CALL
FOR GREATER INVOLVEMENT OF WOMEN IN LEADING DEVELOPMENT EFFORTS AND
RESPONDS TO A DEVELOPMENT CONTEXT THAT DEMANDS INCREASINGLY HIGHER
LEVELS OF MANAGEMENT ACCOUNTABILITY AND PROGRAMMATIC RESULTS. TODAY
MORE THAN 5,200 WOMEN AND MEN FROM OVER 150 COUNTRIES HAVE PARTICIPATED
IN ALL REGIONS OF THE WORLD AND ARE PROUD TO CALL THEMSELVES CEDPA
ALUMNI. CEDPA MAINTAINS RELATIONSHIPS THROUGH ITS WEBSITE, ALUMNI
- 4d Other program services (Describe in Schedule O)
(Expenses \$ 2,389,978. including grants of \$ 245,381.) (Revenue \$ _____)
- 4e Total program service expenses **▶** 10,650,492.

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form **990** (2010)

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2010)

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 32		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 46		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X	
b If "Yes," enter the name of the foreign country NIGERIA, SOUTH AFRICA, NEPAL, INDIA See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	N/A		
b Did the organization make a distribution to a donor, donor advisor, or related person?	N/A		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	N/A		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	N/A		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form **990** (2010)

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response to any question in this Part VI

☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	20	
b Enter the number of voting members included in line 1a, above, who are independent	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **CAROL PEASLEY - 202-667-1142**
1120 20TH STREET NW, NO. 720, WASHINGTON, DC 20036

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANN VAN DUSEN CHAIR	5.00	X		X				0.	0.	0.
SUZAN K. STEWART VICE CHAIR	3.00	X		X				0.	0.	0.
WINNIE HILL TREASURER	3.00	X		X				0.	0.	0.
DORIS MASON MARTIN SECRETARY	3.00	X		X				0.	0.	0.
KAVAL GULHATI CHAIR EMERTIUS	1.00	X						0.	0.	0.
CHERI ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
PHOEBE M. ASIYO DIRECTOR	1.00	X						0.	0.	0.
BARIE CARMICHAEL DIRECTOR	1.00	X						0.	0.	0.
CHRIS GARDINER DIRECTOR	1.00	X						0.	0.	0.
KATHY BACZKO DIRECTOR	1.00	X						0.	0.	0.
FIONA HODGSON DIRECTOR	1.00	X						0.	0.	0.
PAUL ISENMAN DIRECTOR	1.00	X						0.	0.	0.
RITA KHANNA DIRECTOR	1.00	X						0.	0.	0.
PRUDENCE MABELE NOBANTU DIRECTOR	1.00	X						0.	0.	0.
GERI MANNION DIRECTOR	1.00	X						0.	0.	0.
KAREN MCNEIL-MILLER DIRECTOR	1.00	X						0.	0.	0.
KATHLEEN ROWAN DIRECTOR	1.00	X						0.	0.	0.

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA SHOCKLEY-ZALABAK DIRECTOR	1.00	X						0.	0.	0.
JOHN M. SMITH DIRECTOR	1.00	X						0.	0.	0.
SUSAN TARRANCE DIRECTOR	1.00	X						0.	0.	0.
CAROL PEASLEY PRESIDENT & CEO	40.00			X				69,518.	0.	3,046.
ZANDRA ISSAC CHIEF FINANCIAL OFFICER	40.00			X				143,909.	0.	19,934.
SUSAN FARNSWORTH CHIEF OPERATING OFFICER	40.00			X				140,211.	0.	9,334.
DANIELLE GRANT SR DIR-INT'L PROGRAMS	40.00					X		124,251.	0.	9,905.
SUSAN STEWART RICHIEDEI DIR-LDSHIP & CAP BLDG	40.00					X		127,260.	0.	10,044.
ANN MARIE JORGENSEN DIR-HLTH POL INITIATIVE	40.00					X		119,869.	0.	9,719.
1b Sub-total								725,018.	0.	61,982.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								725,018.	0.	61,982.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG PROFESSIONAL SERVICES NIGERIA, 22A GERRARD ROAD, IKOYI, LAGOS, FALOMO,, BDO SEIDMAN, LLP	ACCOUNTING SERVICES-NIGERIA	276,614.
PO BOX 642743, PITTSBURGH, PA 15264-2743	AUDIT SERVICES	193,197.
NEGUS ASSOCIATES, 6413 DISTANT MELODY PLACE, COLUMBIA, MD 21044	FINANCE/ACCOUNTING SERVICES-NIGERIA	124,999.
SOLOMON EDWARDS PO BOX 824123,, PHILADELPHIA, PA 19182-4123	FINANCIAL REPORTING & AUDIT PREP. SERV.	124,165.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

Form **990** (2010)

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page **9**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5780557.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3702274.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f			9482831.				
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			28,295.			28,295.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6 a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			752479.				
	b Less cost or other basis and sales expenses		718723.	204840.			
	c Gain or (loss)		33,756.	-204,840.			
	d Net gain or (loss)				-171,084.		-171084.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b Less direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
b Less cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a LEASE TERMINATION GAIN			900099	440,925.			440,925.
b							
c							
d All other revenue							
e Total. Add lines 11a-11d				440,925.			
12 Total revenue. See instructions				9780967.	0.	0.	298,136.

032009
12-21-10

Form **990** (2010)

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	100,000.	100,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	992,468.	992,468.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	385,952.	44,643.	323,168.	18,141.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,172,228.	2,605,185.	458,239.	108,804.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	139,077.	111,122.	23,119.	4,836.
9 Other employee benefits	697,484.	538,583.	133,403.	25,498.
10 Payroll taxes	191,464.	143,750.	40,862.	6,852.
11 Fees for services (non-employees)				
a Management				
b Legal	28,773.	2,928.	14,516.	11,329.
c Accounting	191,224.		191,224.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,418,347.	1,233,985.	179,155.	5,207.
12 Advertising and promotion	11,884.	8,734.	3,150.	
13 Office expenses	432,201.	331,413.	91,694.	9,094.
14 Information technology	11,879.	7,221.	4,658.	
15 Royalties				
16 Occupancy	716,672.	251,552.	465,120.	
17 Travel	1,433,100.	1,393,406.	33,215.	6,479.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	517,496.	503,692.	13,707.	97.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,307.		27,307.	
23 Insurance	38,410.	19,467.	18,943.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>INDIRECT COST ALLOC.</u>	0.	2,024,855.	-2,074,194.	49,339.
b <u>COMMODITIES</u>	166,919.	166,919.		
c <u>REPAIRS AND MAINTENANCE</u>	143,755.	89,863.	53,892.	
d <u>MISCELLANEOUS</u>	75,290.	32,358.	42,932.	
e <u>EQUIPMENT</u>	72,946.	30,895.	42,051.	
f All other expenses	33,683.	17,453.	14,420.	1,810.
25 Total functional expenses Add lines 1 through 24f	10,998,559.	10,650,492.	100,581.	247,486.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	591,316.	1	468,941.
	2 Savings and temporary cash investments		2	520,749.
	3 Pledges and grants receivable, net	2,796,075.	3	1,149,444.
	4 Accounts receivable, net	76,081.	4	166,002.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,236.	9	49,702.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	428,095.		
	10b Less accumulated depreciation	418,179.		
		226,623.	10c	9,916.
	11 Investments - publicly traded securities	2,551,395.	11	2,278,577.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	81,267.	15	52,400.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,388,993.	16	4,695,731.	
Liabilities	17 Accounts payable and accrued expenses	932,707.	17	563,762.
	18 Grants payable		18	
	19 Deferred revenue	440,111.	19	11,069.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,372,818.	26	574,831.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		310,030.	27	791,723.
28 Temporarily restricted net assets		4,673,834.	28	3,296,866.
29 Permanently restricted net assets		32,311.	29	32,311.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		5,016,175.	33	4,120,900.
34 Total liabilities and net assets/fund balances		6,388,993.	34	4,695,731.

Form **990** (2010)

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Form 990 (2010)

52-1021663 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,780,967.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,998,559.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,217,592.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,016,175.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	322,317.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,120,900.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2010)

THE CENTRE FOR DEVELOPMENT AND

Schedule A (Form 990 or 990-EZ) 2010 **POPULATION ACTIVITIES**

52-1021663 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,954,561.	14,838,663.	15,355,210.	10,973,709.	9,482,831.	67,604,974.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16,954,561.	14,838,663.	15,355,210.	10,973,709.	9,482,831.	67,604,974.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,580,321.
6 Public support. Subtract line 5 from line 4						54,024,653.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	16,954,561.	14,838,663.	15,355,210.	10,973,709.	9,482,831.	67,604,974.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	203,734.	153,392.	88,155.	80,778.	28,295.	554,354.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,107.			35,123.	440,925.	477,155.
11 Total support. Add lines 7 through 10						68,636,483.
12 Gross receipts from related activities, etc. (see instructions)					12	6,420.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	78.71 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	76.97 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2010

Open to Public
Inspection

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES	Employer identification number	52-1021663
----------------------	---	--------------------------------	-------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120 POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group
 B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Schedule C (Form 990 or 990-EZ) 2010

52-1021663 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,118.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			1,118.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Employer identification number
52-1021663

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		428,095.	418,179.	9,916.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,916.

Schedule D (Form 990) 2010

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Schedule D (Form 990) 2010

52-1021663 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053
12-20-10

Schedule D (Form 990) 2010

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,780,967.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,998,559.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,217,592.
4	Net unrealized gains (losses) on investments	4	183,369.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	138,948.
9	Total adjustments (net) Add lines 4 through 8	9	322,317.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-895,275.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,103,284.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	183,369.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	138,948.
e	Add lines 2a through 2d	2e	322,317.
3	Subtract line 2e from line 1	3	9,780,967.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,780,967.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,998,559.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,998,559.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,998,559.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED DECEMBER 31,

2010 AND 2009, CEDPA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10

AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

PRIOR PERIOD ADJUSTMENT (SEE SCHEDULE O): 138,948.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PRIOR PERIOD ADJUSTMENT (SEE SCHEDULE O): 138,948.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Employer identification number

52-1021663**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b

- 1** For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

- 2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH ASIA	1	6	PROGRAM SERVICES	WOMENACT NETWORK	198,515.
SOUTH ASIA	1	1	PROGRAM SERVICES	UDAAN: TOWARDS A BETTER FUTURE	852,817.
SUB-SAHARAN AFRICA	1	4	PROGRAM SERVICES	TOWARDS A BETTER FUTURE; IMPROVING EDUCATIONAL AND HEALTH OUTCOME FOR BOYS	369,594.
SUB-SAHARAN AFRICA	1	85	PROGRAM SERVICES	BETTER LIFE OPTIONS: EMPOWERING GIRLS AND BOYS FOR FUTURE LEADERSHIP	5,451,906.
EAST ASIA AND THE PACIFIC	0	5	PROGRAM SERVICES	PROMOTING DEMOCRATIC PRACTICES	276,442.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVIDE REPRODUCTIVE HEALTH CARE PROGRAM IN 4 GOHS IN MALIR	10,907.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		75,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		880,000.
3 a Sub-total	4	101			8,115,181.
b Total from continuation sheets to Part I	0	0			37,468.
c Totals (add lines 3a and 3b)	4	101			8,152,649.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Schedule F (Form 990)

52-1021663 Page 1

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		37,468.
Totals ▶					37,468.

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ **Part II** can be duplicated if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	37,832	WIRE TRANSFER	0		
			SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	21,850	WIRE TRANSFER	0		
			SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	10,711	WIRE TRANSFER	0		
			SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	21,467	WIRE TRANSFER	0		
			SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	66,351	WIRE TRANSFER	0		
			SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	23,753	WIRE TRANSFER	0		
			SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	42,018	WIRE TRANSFER	0		
			SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	20,789	WIRE TRANSFER	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **49**

3 Enter total number of other organizations or entities **49**

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	20,444.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	44,540.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	23,057.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	20,954.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	10,761.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	18,018.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	20,573.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	23,532.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN HIV/AIDS	5,053.	WIRE TRANSFER	0.		

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN BETTER LIFE OPTIONS	25,509.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN BETTER LIFE OPTIONS	30,682.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN BETTER LIFE OPTIONS	17,949.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN BETTER LIFE OPTIONS	43,140.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	6,275.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	6,381.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	7,273.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	6,119.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	6,427.	WIRE TRANSFER	0.		

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Schedule F (Form 990)

52-1021663

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	8,644	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	8,244	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	5,289	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN FAMILY PLANNING AND REPRODUCTIVE HEALTH	7,950	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN WOMENACT GENDER & SOCIAL INCLUSION	29,081	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN EDUCATION AND GENDER AWARENESS OF BOYS	43,703	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN EDUCATION AND GENDER AWARENESS OF BOYS	51,927	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	PROGRAM ACTIVITIES IN EDUCATION AND GENDER AWARENESS OF BOYS	18,964	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	WOMEN LEADERSHIP AND DEVELOPMENT	5,000	WIRE TRANSFER	0		

032182
12-21-10

52-1021663

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

[illegible]

THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Schedule F (Form 990) 2010

52-1021663 Page 4

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable

Also complete this part to provide any additional information

SCHEDULE F, PART I, LINE 2: CEDPA MONITORS SUBGRANTEE PERFORMANCE THROUGH
THE SUBMISSION OF MONTHLY OR QUARTERLY FINANCIAL AND PROGRAMMATIC
REPORTS, AND ONSLTE MONITORING OF ACTIVITIES.

Name of the organization

Name of the organization	THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES
1. Name of the organization	
2. Address	
3. Telephone	
4. Fax	
5. E-mail	
6. Website	
7. Year of establishment	
8. Number of staff	
9. Number of projects	
10. Number of beneficiaries	
11. Number of publications	
12. Number of training courses	
13. Number of seminars	
14. Number of conferences	
15. Number of workshops	
16. Number of meetings	
17. Number of other activities	
18. Number of other activities	
19. Number of other activities	
20. Number of other activities	
21. Number of other activities	
22. Number of other activities	
23. Number of other activities	
24. Number of other activities	
25. Number of other activities	
26. Number of other activities	
27. Number of other activities	
28. Number of other activities	
29. Number of other activities	
30. Number of other activities	
31. Number of other activities	
32. Number of other activities	
33. Number of other activities	
34. Number of other activities	
35. Number of other activities	
36. Number of other activities	
37. Number of other activities	
38. Number of other activities	
39. Number of other activities	
40. Number of other activities	
41. Number of other activities	
42. Number of other activities	
43. Number of other activities	
44. Number of other activities	
45. Number of other activities	
46. Number of other activities	
47. Number of other activities	
48. Number of other activities	
49. Number of other activities	
50. Number of other activities	
51. Number of other activities	
52. Number of other activities	
53. Number of other activities	
54. Number of other activities	
55. Number of other activities	
56. Number of other activities	
57. Number of other activities	
58. Number of other activities	
59. Number of other activities	
60. Number of other activities	
61. Number of other activities	
62. Number of other activities	
63. Number of other activities	
64. Number of other activities	
65. Number of other activities	
66. Number of other activities	
67. Number of other activities	
68. Number of other activities	
69. Number of other activities	
70. Number of other activities	
71. Number of other activities	
72. Number of other activities	
73. Number of other activities	
74. Number of other activities	
75. Number of other activities	
76. Number of other activities	
77. Number of other activities	
78. Number of other activities	
79. Number of other activities	
80. Number of other activities	
81. Number of other activities	
82. Number of other activities	
83. Number of other activities	
84. Number of other activities	
85. Number of other activities	
86. Number of other activities	
87. Number of other activities	
88. Number of other activities	
89. Number of other activities	
90. Number of other activities	
91. Number of other activities	
92. Number of other activities	
93. Number of other activities	
94. Number of other activities	
95. Number of other activities	
96. Number of other activities	
97. Number of other activities	
98. Number of other activities	
99. Number of other activities	
100. Number of other activities	

Employer identification number
52-1021663

Part I	General Information on Grants and Assistance
--------	--

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CENTER FOR RESEARCH ON WOMEN - 1120 20TH ST NW SUITE 500 - WASHINGTON, DC 20036	52-1081455	501(C)(3)	100,000.	0.			PROGRAM ACTIVITIES FOR HIV/AIDS FORD YEAR3

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

$$\begin{array}{r} 1. \\ \hline 0. \end{array}$$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES** Employer identification number
52-1021663

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ZANDRA ISSAC	(i) 143,909.	0.	0.	4,317.	15,617.	163,843.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4A: SUSAN FARNSWORTH RECEIVED A SEVERANCE PAYMENT OF
\$7,846.40, DUE TO THE ELIMINATION OF THE COO POSITION AS PART OF A COST
REDUCTION PROCESS THAT TOOK PLACE DURING THE YEAR.

Blank lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND GIRLS TO ACHIEVE GENDER EQUALITY. THEIR EQUALITY IS ESSENTIAL TO
BUILDING STRONGER FAMILIES, COMMUNITIES, AND SOCIETIES. WE ENVISION A
WORLD IN WHICH WOMEN AND GIRLS ARE ABLE TO FULFILL THEIR DREAMS FREE
FROM THE CONSTRAINTS OF POVERTY AND INEQUALITY AND IN WHICH THEIR FULL
WORTH IS REALIZED AND VALUED. WE WORK SO THAT WOMEN CAN CONTROL MORE
RESOURCES AND CONTRIBUTE MEANINGFULLY IN DECISION MAKING AT ALL LEVELS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN OCTOBER 2010, USAID AWARDED THE FIVE-YEAR HEALTH POLICY PROJECT TO
THE FUTURES GROUP CONSORTIUM OF WHICH CEDPA IS A KEY PARTNER. THE
PROJECT BUILDS ON THE PREDECESSOR POLICY AND HEALTH POLICY INITIATIVE
PROJECTS IN SUPPORTING HIV/AIDS, REPRODUCTIVE HEALTH, AND MATERNAL
HEALTH POLICY FORMULATION AND IMPLEMENTATION, WITH A SIGNIFICANT
EMPHASIS ON BUILDING INDIVIDUAL AND INSTITUTIONAL CAPACITY AND LOCAL
OWNERSHIP. IN 2010, CEDPA'S CAPACITY BUILDING TEAM WORKED WITH HPP
SENIOR STAFF TO CONCEPTUALIZE AND DRAFT ASSESSMENT AND PLANNING TOOLS
FOR POLICY, ADVOCACY, AND GOVERNANCE CAPACITIES AND PARTICIPATED IN
FIELD ASSESSMENT TEAMS AND WORKPLAN DEVELOPMENT.

IN NIGERIA THE KYAUTATAWA IYALI PROJECT, PHASE IV, FUNDED BY PACKARD:
MAXIMIZING ACCESS TO QUALITY FAMILY PLANNING AND REPRODUCTIVE HEALTH
SERVICES IN NORTHERN NIGERIA IS WINDING DOWN. THE PACKARD FOUNDATION
HELD A GRANTEE'S MEETING IN KANO TO CELEBRATE THE LEGACY OF RESULTS FOR
FUNDING REPRODUCTIVE HEALTH PROJECTS IN NORTHERN NIGERIA. WORKING
THROUGH 11 LOCAL PARTNERS, CEDPA'S INTEGRATED APPROACH TO RH WAS
IMPLEMENTED. CEDPA RECEIVED A FOLLOW ON GRANT FOR A 15-MONTH CLOSE OUT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

PHASE FOR, FOCUSED ON CREATING SUSTAINABLE SYSTEMS FOR OUR LOCAL
PARTNERS TO CARRY ON PROVIDING RH SERVICES TO THEIR COMMUNITIES.

IN INDIA, CEPDA IS ALSO PART OF THE MATERNAL AND CHILD HEALTH
SUSTAINABLE TECHNICAL ASSISTANCE AND RESEARCH (MCH-STAR), A MULTI-YEAR
PROJECT FUNDED THROUGH USAID/INDIA. THE ULTIMATE OBJECTIVE OF MCH-STAR
IS TO LEAVE A LEGACY OF SUSTAINABLE INDIAN INSTITUTIONS THAT PROVIDE
TECHNICAL LEADERSHIP AND CRITICAL TECHNICAL INPUTS TO PUBLIC AND
PRIVATE SECTOR PROGRAMS IN INDIA FOR MATERNAL NEWBORN CHILD HEALTH AND
NUTRITION. CEDPA IS LEADING EFFORTS IN THE AREAS OF POLICY AND
ADVOCACY, BY BUILDING THE POLICY AND ADVOCACY CAPACITY OF PROJECT
PARTNER ORGANIZATIONS (SSIS), AND SUPPORTING THE DEVELOPMENT OF
PRIORITY POLICY ANALYSES, ADVOCACY EVENT, AND DIALOGUES TO IMPROVE MCH
PROGRAMS. ALTHOUGH MCH POLICIES ARE IN PLACE IN INDIA, A REVIEW OF THE
NATIONAL PROGRAMS HAVE REVEALED THAT IT HAS BEEN DIFFICULT TO TRANSLATE
THESE GOVERNMENT COMMITMENTS INTO IMPROVED ACCESS, SERVICES AND CARE AT
THE STATE, DISTRICT AND BLOCK LEVELS GIVEN INDIA'S DECENTRALIZED
RESPONSIBILITIES FOR POLICY IMPLEMENTATION. CEDPA IS ALSO TAKING THE
LEAD IN GENDER, WITH THE DEVELOPMENT OF A GENDER STRATEGY FOR THE
PROJECT, AND IMPLEMENTATION OF THE GENDER STRATEGY THROUGH THE PARTNER
ORGANIZATIONS.

EDUCATIONAL AND SKILLS BUILDING OPPORTUNITIES, PARTICULARLY GIRLS,
EXPANDED CEDPA'S INTEGRATED APPROACH TO IMPROVING THE LIVES OF YOUNG
PEOPLE THROUGH NON-FORMAL EDUCATION, THE BETTER LIFE OPTIONS AND
OPPORTUNITIES MODEL (BLOOM), HAS AFFECTED HUNDREDS OF THOUSANDS
ADOLESCENTS WORLDWIDE. CEDPA WORKS IN PARTNERSHIP WITH LOCAL LEADERS
AND ORGANIZATIONS AND ENGAGES PARENTS TO PROVIDE GIRLS AND BOYS WITH
PRACTICAL NON-FORMAL EDUCATION. CEDPA USES ITS CHOOSE A FUTURE! LIFE
SKILLS CURRICULUM AS ITS KEY RESOURCE FOR TEACHING YOUTH ABOUT SEXUAL

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

AND REPRODUCTIVE HEALTH, NUTRITION AND HYGIENE, SELF-ESTEEM, LIFE SKILLS, CIVIC RESPONSIBILITY AND GENDER RELATIONS. SUPPORTED THROUGH THE EDUCATING WOMEN AND GIRLS INITIATIVE OF THE EXXON MOBIL FOUNDATION, THIS TWO YEAR FOLLOW ON PROJECT IN AKWA IBOM STATE, NIGERIA AIMS TO REACH OUT OF SCHOOL GIRLS AND BOYS BETWEEN THE AGES OF 10-19 YEARS OLD AND ENCOURAGE THEM TO RETURN TO FORMAL OR VOCATIONAL SCHOOLS. OVER THE LIFESPAN OF THE PROJECT, MORE THAN 1200 GIRLS AND BOYS WILL COMPLETE THE PROGRAM.

IN SOUTH AFRICA, THE BOYS PILOT PROJECT'S, PRIMARY GOAL IS TO IMPROVE THE EDUCATIONAL AND HEALTH OUTCOMES OF BOYS AGES 10-14 YEARS OLD IN SOUTHERN AFRICA. IMPLEMENTED THROUGH LOCAL PARTNERS IN ZAMBIA AND SWAZILAND, THIS PROJECT FOCUSES ON IN-SCHOOL YOUTH (PRIMARILY BOYS BUT ALSO INCLUDES GIRLS) WITH THE AIM OF IMPROVING THE KNOWLEDGE OF LIFE SKILLS, ATTITUDES TOWARDS EDUCATION AND GENDER AWARENESS. A PRIMARY DELIVERABLE IS THE DEVELOPMENT OF A BOYS LIFE SKILLS CURRICULUM FOR SOUTHERN AFRICA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CURRENTLY INVOLVED IN QUALITY HOME-BASED-CARE (HBC) TO EXPAND SERVICE DELIVERY AND REACH MORE PLWAS, TRAINING OF THE HBC AND PREVENTION MASTER TRAINERS, CONDUCT PARTICIPATORY INSTITUTIONAL ASSESSMENTS AND PROVIDE INDIVIDUALIZED COACHING ON INSTITUTIONAL CAPACITY BUILDING FOR PARTNERS, SUPPORT CROSS-ORGANIZATION NETWORKING AND PROVIDE GRANTS FOR PROGRAM ACTIVITIES, AND PROVIDE OVERSIGHT TO MULTIPLIER ORGANIZATIONS WHO WILL PROVIDE TRAINING ON FINANCIAL MANAGEMENT AND ACCOUNTABILITY AT THE COMMUNITY LEVEL, FACILITATE COMMUNITY ESTABLISHMENT OF HOME-BASED CARE TEAMS AND REFERRAL NETWORKS, FACILITATE FORMATION OF COMMUNITY ACTION COMMITTEES ON HIV/AIDS, MANAGE SEED GRANTS FOR COMMUNITY

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

ACTIVITIES, AND TRAIN VOLUNTEERS TO PROVIDE HOME BASED CARE, HIV/AIDS
EDUCATION, PEER COUNSELING AND HOME VISITS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN PROMOTION, PRACTICES AND DELIVERY OF HIGH IMPACT MCH/FP/RH

INTERVENTIONS; AND 4) IMPROVE POLICIES, PROGRAMMING AND RESOURCE

ALLOCATION AT STATE AND FEDERAL LEVELS. CEDPA IS THE LEAD ON

SUB-OBJECTIVE #3: STRENGTHEN ROLES OF HOUSEHOLDS AND COMMUNITIES IN

PROMOTION, PRACTICE AND DELIVERY OF HIGH IMPACT MNC/FP/RH

INTERVENTIONS. THE AREAS INCLUDE SOCIAL MOBILIZATION, COMMUNITY

INVOLVEMENT AND PARTICIPATION, BEHAVIOR CHANGE, INFORMATION, EDUCATION

AND COMMUNICATION, SUPPORT TO COMMUNITY STRUCTURES FOR MOBILIZATION AND

INVOLVEMENT OF THE MEDIA. KEY ACTIVITIES INCLUDE THE DEVELOPMENT OF A

COMMUNITY MOBILIZATION STRATEGY, BY ASSESSING AND REVIEWING EXISTING

COMMUNITY MOBILIZATION APPROACHES, BRINGING TOGETHER VARIOUS

STAKEHOLDERS, INCLUDING TSHIP STAFF, STATE GOVERNMENT OFFICIALS, NGO

AND RELIGIOUS REPRESENTATIVES, TO REVIEW THE VARIOUS COMMUNITY

MOBILIZATION MODELS WITH A SPECIFIC FOCUS ON COST EFFECTIVENESS AND

SCALABILITY, ADOPT THE BEST ELEMENTS AND AGREE ON AN APPROACH TO BE

ADOPTED BY THE PROJECT FOR IMPLEMENTATION. CEDPA IS ALSO DRAFTING THE

COMMUNICATION STRATEGY FOR THE PROGRAM AND IS FACILITATING THE REVIEW,

PRINTING AND DISTRIBUTION OF IEC/BCC MATERIALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NETWORK, ALUMNI COACHING PROGRAM, AND INTERNATIONAL ADVOCACY

ACTIVITIES. THESE TOOLS AND EVENTS ALLOW CEDPA TO SHARE NEWS OF

TRAINING, PROFESSIONAL AND EDUCATIONAL OPPORTUNITIES; PROVIDE ALUMNI

WITH TECHNICAL RESOURCES; AND FACILITATE HIGH VALUE NETWORKING AT

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

COUNTRY, REGIONAL AND GLOBAL LEVELS.

GLOBAL WOMEN IN MANAGEMENT (GWIM): THE GOAL OF GWIM IS TO "DEVELOP

GREATER LEADERSHIP AND MANAGEMENT COMPETENCIES IN ORDER TO CREATE

POSITIVE CHANGE AT PERSONAL, ORGANIZATIONAL, AND COMMUNITY LEVELS."

PARTICIPANTS' TECHNICAL AREAS OF EXPERTISE INCLUDE MICRO-ENTERPRISE,

SMALL AND MEDIUM BUSINESS DEVELOPMENT, REPRODUCTIVE HEALTH, HUMAN

RIGHTS, EDUCATION, SOCIAL WORK, WOMEN'S EMPOWERMENT, RURAL DEVELOPMENT

AND THE ENVIRONMENT. CEDPA'S SUPPORTIVE AND PARTICIPATORY LEARNING

ENVIRONMENT PROMOTED SOUTH-SOUTH EXCHANGE OF BEST PRACTICES AND

EXPERIENCES, INTRODUCED CUTTING EDGE TECHNICAL AND PROGRAMMATIC

INFORMATION, AND ENHANCED LEADERSHIP AND MANAGEMENT CAPABILITIES. THE

INTENSIVE FOUR-WEEK WORKSHOPS FOCUSED ON BUILDING AWARENESS OF

PARTICIPANTS' INDIVIDUAL LEADERSHIP STYLES AND DEVELOPING CAPACITIES IN

PROJECT AND FINANCIAL MANAGEMENT, FUNDRAISING AND PROPOSAL MANAGEMENT,

STRATEGIC COMMUNICATION AND ADVOCACY. THE THEME OF 2010 GWIM WORKSHOP

FOCUSED ON WOMEN'S ECONOMIC ADVANCEMENT. GWIM PARTICIPANTS WERE ABLE TO

ENGAGE WITH INTERNATIONAL DONORS, DEVELOPMENT EXPERTS AND/OR

COMMUNITY-BASED ORGANIZATIONS THROUGH SITE VISITS IN MEXICO CITY,

MEXICO; RIO DE JANEIRO, BRAZIL; ABUJA, NIGERIA; JAKARTA, INDONESIA, AND

IN THE US IN WASHINGTON DC, NEW YORK AND HOUSTON, TX TO NAME SOME

DESTINATION POINTS. THROUGH THESE VISITS, THEY LEARN FIRSTHAND ABOUT

THE WORK AND CHALLENGES FACING US-BASED ORGANIZATIONS DOING SIMILAR

WORK AS THEIR OWN NGOS.

COACHING PROGRAM: CEDPA INTRODUCED A COMPLIMENTARY INITIATIVE OF A

PROFESSIONAL COACHING PROGRAM DESIGNED TO EXTEND PARTICIPANTS' LEARNING

BEYOND THE WORKSHOP SETTING TO SUSTAIN THEIR PROFESSIONAL GROWTH AND

PERFORMANCE. SINCE THE ONSET OF THE ALUMNI COACHING PROGRAM, CEDPA HAS

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

TRAINED 97 COACHES IN 38 COUNTRIES. THESE COACHES HAVE IN TURN MENTORED
OVER 500 CLIENTS WHO ARE CEDPA'S ALUMNI WHO GRADUATED FROM CEDPA'S GWIM
PROGRAM. FINDINGS PROVED ALUMNI COACHING PROGRAM WAS A POSITIVE
ADDITION TO THE TRAINING PROGRAM AND BROUGHT MUTUALLY BENEFICIAL
RESULTS TO BOTH COACH AND CLIENT.

BUILDING INSTITUTIONAL CAPACITY: THROUGHOUT THE DEVELOPING WORLD,
INDIGENOUS ORGANIZATIONS ARE CRITICAL ACTORS IN DEVELOPMENT AT ALL
LEVELS. RECOGNIZING THAT THE KEY TO SUCCESSFUL COMMUNITY DEVELOPMENT IS
LOCAL CAPACITY- BOTH INDIVIDUAL AND INSTITUTIONAL - CEDPA HAS INVESTED
IN INSTITUTIONAL CAPACITY BUILDING FOR MORE THAN 30 YEARS. CEDPA HAS
WORKED WITH THESE COMMUNITY-BASED PARTNERS TO IMPROVE HEALTH, EDUCATION
AND GOVERNANCE WORLDWIDE, AWARDING \$100 MILLION IN SUB GRANTS TO LOCAL
ORGANIZATIONS AND WOMEN'S GROUPS. CEDPA ENGAGES ORGANIZATIONS IN A
PROCESS OF SELF-EXAMINATION, STRATEGIC THINKING AND OPERATIONAL
PLANNING IN ORDER TO MOVE TOWARDS THE GOAL OF BECOMING SELF-SUSTAINING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FORD HIV/AIDS PLANNING GRANT

EXPENSES \$ 811,894. INCLUDING GRANTS OF \$ 125,000. REVENUE \$ 0.

HEALTH POLICY INITIATIVE (HPI):

THIS INITIATIVE, IMPLEMENTED AS A SUBCONTRACTOR WITH FUTURES GROUP,
LLC, IS DESIGNED TO IMPROVE THE ENABLING POLICY ENVIRONMENT FOR HEALTH
IN DEVELOPING COUNTRIES, IN THE AREA OF FAMILY PLANNING/REPRODUCTIVE
HEALTH, HIV AND MATERNAL HEALTH. CEDPA AND ITS PARTNERS ASSISTED HPI
TARGET COUNTRIES TO ADOPT AND PUT INTO PRACTICE POLICIES THAT IMPROVED
EQUITABLE AND AFFORDABLE ACCESS TO HIGH-QUALITY HEALTH SERVICES AND

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

INFORMATION, STRENGTHENED PUBLIC SECTOR AND CIVIL SOCIETY CHAMPIONS AND
SUPPORTED THEM TO ASSUME LEADERSHIP IN THE POLICY PROCESS.

HIGHLIGHTS OF CEDPA'S ACCOMPLISHMENTS IN 2010 INCLUDE: CONDUCTED A
SERIES OF TRAINING WORKSHOPS AND MENTORING ACTIVITIES FOR PEOPLE LIVING
WITH HIV (PLHIV) IN THE MIDDLE EAST AND NORTH AFRICA (MENA) RESULTING
IN THE ESTABLISHMENT OF THE FIRST NGOS AND NETWORKS LED BY AND FOR
PLHIV IN THE REGION AND DEVELOPED A 4-VOLUME SET CURRICULA FOR PLHIV
LEADERS TO IMPLEMENT CAPACITY BUILDING AND TRAINING ACTIVITIES AROUND
HIV AWARENESS, GENDER AND STIGMA; LED AN EXTENSIVE REVIEW AND REPORT OF
261 GLOBAL FUND HIV GRANTS FOR INCLUSION OF ORPHANS AND VULNERABLE
CHILDREN ; MANAGED THE HPI PROJECT PORTFOLIO IN ASIA AND THE MIDDLE
EAST THAT INCLUDED SUPPORT TO NATIONAL GOVERNMENT AND SUBNATIONAL
OFFICIALS TO STRENGTHEN FAMILY PLANNING PROGRAMS; IN SWAZILAND,
SUPPORTED THE WORK OF THE MALE CIRCUMCISION PROGRAM COORDINATOR
SECONDED TO THE MINISTRY OF HEALTH TO SCALE UP MALE CIRCUMCISION (MC)
ACTIVITIES; TRAINED THE NATIONAL AIDS COMMISSION OF INDONESIA'S
ADVOCACY TEAM TO BUILD THE CAPACITY OF PROVINCIAL STAKEHOLDERS TO
SUCCESSFULLY ADVOCATE FOR INCREASED RESOURCES FOR PROVINCIAL HIV ACTION
PLANS; CO-AUTHORSHIP OF THE SUMMATIVE REPORT, THE ART OF MOVING FROM
POLICY TO ACTION: LESSONS LEARNED FROM THE USAID HEALTH POLICY
INITIATIVE (2005-2010). THE HEALTH POLICY INITIATIVE (HPI) PROJECT
ENDED ON SEPTEMBER 30, 2010.

EXPENSES \$ 807,933. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

REPRODUCTIVE HEALTH PROGRAMS:

THROUGH A GRANT FROM THE MACARTHUR FOUNDATION, CEDPA HAS ENGAGED YOUTH
AND MARRIED COUPLES IN HEALTH ISSUES IN NIGERIA THROUGH THE INCREASED

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

MOMENTUM FOR MATERNAL MORTALITY REDUCTION PROGRAM THE PROJECT OFFERS
EDUCATION AND TRAINING ON WAYS TO DECREASE MATERNAL MORTALITY AND WILL
AUGMENT PREVIOUS INTERVENTIONS TO REDUCE BARRIERS TO AND INCREASE
PUBLIC SUPPORT FOR SAFE MOTHERHOOD ADDITIONAL OBJECTIVES ARE TO IMPROVE
POLITICAL SUPPORT AND INCREASE RESOURCE ALLOCATION FOR SAFE MOTHERHOOD
THROUGH ADVOCACY WITH KEY STAKEHOLDERS AND GOVERNMENT OFFICIALS, AND TO
INCREASE AWARENESS AND UTILIZATION OF SUCCESSFUL MEDICAL INTERVENTIONS
THAT ADDRESS OBSTETRICAL COMPLICATIONS BY HEALTH OFFICIALS AND
PRACTITIONERS IN INDIA, CEDPA IS CURRENTLY IMPLEMENTING THE ADVOCATING
FOR IMPLEMENTATION AND ENSURING ENTITLEMENTS UNDER MATERNAL HEALTH
POLICIES AND PROGRAMS PROJECT, A TWO-YEAR INITIATIVE AIMED AT REDUCING
MATERNAL AND NEONATAL DEATHS IN THE INDIAN DISTRICTS OF MAHARASHTRA AND
RAJASTHAN THE MAIN PROJECT BENEFICIARIES ARE RURAL WOMEN AND FAMILIES
IN THE TARGETED DISTRICTS SECONDARY BENEFICIARIES INCLUDE LOCAL
COMMUNITIES AS A WHOLE AND MANY DIVERSE LOCAL NGOS, WHICH HAVE BEEN
STRENGTHENED THROUGH CAPACITY BUILDING INITIATIVES THAT INCREASE THEIR
ABILITY TO ADDRESS SAFE MOTHERHOOD AND OTHER HEALTH RELATED ISSUES
CEDPA IS ALSO PART OF THE MATERNAL AND CHILD HEALTH SUSTAINABLE
TECHNICAL ASSISTANCE AND RESEARCH (MCH-STAR), A MULTI-YEAR PROJECT
FUNDED THROUGH USAID/INDLA CEDPA WILL LEAD PROJECT RELATED EFFORTS IN
THE AREAS OF POLICY AND ADVOCACY, PROVIDING TECHNICAL ASSISTANCE TO
FURTHER ACTIVITIES IN THESE AREAS IN SUPPORT OF IMPROVED GUIDELINES AND
INFORMATION AROUND MCH CEDPA WILL ASSIST IN BUILDING THE POLICY AND
ADVOCACY CAPACITY OF PROJECT PARTNER ORGANIZATIONS (SSIS), SUPPORTING
THE DEVELOPMENT OF PRIORITY POLICY ANALYSES, ADVOCACY EVENTS, AND
DIALOGUES TO IMPROVE MCH PROGRAMS ALTHOUGH MCH POLICIES ARE IN PLACE IN
INDIA, A REVIEW OF THE NATIONAL PROGRAMS HAVE REVEALED THAT IT HAS BEEN
DIFFICULT TO TRANSLATE THESE GOVERNMENT COMMITMENTS INTO IMPROVED

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIESEmployer identification number
52-1021663

ACCESS, SERVICES AND CARE AT THE STATE, DISTRICT AND BLOCK LEVELS GIVEN INDIA'S DECENTRALIZED RESPONSIBILITIES FOR POLICY IMPLEMENTATION CEDPA IS CURRENTLY LEADING THE WHO SPONSORED ADVOCACY FOR MATERNAL AND CHILD HEALTH PROJECT IN INDIA, WHOSE OBJECTIVE IS TO CONVINCE NATIONAL AND STATE-LEVEL POLITICAL LEADERS TO EXERT GREATER PRESSURE ON THEIR DISTRICT-LEVEL COLLEAGUES TO IMPLEMENT MCH POLICIES AND PROGRAMS, AND FOR THE OPTIMAL USE OF CURRENTLY AVAILABLE RESOURCES THROUGH ITS PARTNERSHIP AND LEADERSHIP OF THE WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD IN INDIA, CEDPA HAS STRENGTHENED CIVIL SOCIETY ADVOCACY TO INCREASE COMMITMENTS TO MATERNAL AND CHILD HEALTH AT LOCAL, STATE, AND NATIONAL LEVELS CEDPA HAS WORKED WITH KEY ACTORS AT ALL LEVELS OF INDIAN SOCIETY TO MAKE MOTHERHOOD SAFE AND FURTHER AUGMENT HEALTH INITIATIVES.

EXPENSES \$ 770,151. INCLUDING GRANTS OF \$ 120,381. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 5: DURING THE COURSE OF THE 2009 AUDIT, CEDPA BECAME AWARE THAT A MISAPPROPRIATION OF CASH HAD BEEN PERPETRATED AT CEDPA'S SOUTH AFRICA FIELD OFFICE. THE FRAUD WAS PERPETRATED BY THE FINANCE DIRECTOR, WHO WAS TERMINATED FROM EMPLOYMENT WITH CEDPA AND IS CURRENTLY FACING CRIMINAL CHARGES. CEDPA'S SOUTH AFRICA OFFICE CURRENTLY EMPLOYS A MINIMUM LEVEL OF STAFF WITH MINIMAL ACTIVITY. DURING 2010, A FORENSIC AUDIT WAS INITIATED AND A FINAL REPORT WAS ISSUED ON MAY 26, 2011. THE TOTAL AMOUNT OF FRAUDULENT TRANSACTIONS WAS \$263,000.

CURRENTLY CEDPA IS IN THE PROCESS OF WORKING WITH THE INSURANCE COMPANY TO PROCESS A CLAIM AND RECOUP SOME OR ALL OF THE MISAPPROPRIATED FUNDS. NO U.S. GOVERNMENT FUNDS WERE INVOLVED, AS CEDPA'S SOUTH AFRICA PROGRAMS ARE FUNDED SOLELY THROUGH PRIVATE SOURCES.

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

COMPREHENSIVE ACTIONS WERE TAKEN IN 2010 AND 2011 TO STRENGTHEN INTERNAL CONTROLS RELATED TO FINANCIAL MANAGEMENT OF THE SOUTH AFRICA OFFICE. INITIALLY FOLLOWING THE INCIDENT, BANK STATEMENTS WERE SENT DIRECTLY FROM THE BANK TO CEDPA HEADQUARTERS. ALL TRANSACTIONS WERE REVIEWED AT HQ BEFORE PROCESSING, AND TWO SIGNATURES WERE REQUIRED TO EXECUTE BANKING TRANSACTIONS. A KPMG SOUTH AFRICA CONSULTANT HAS BEEN RETAINED ON A PART-TIME BASIS SINCE NOVEMBER 2010 TO PROVIDE ACCOUNTING SUPPORT IN THE FIELD OFFICE. SINCE DECEMBER 2010, A HEADQUARTERS EXECUTIVE STAFF MEMBER HAS BEEN A SIGNATORY ON THE BANK ACCOUNT AND HAS HAD ONLINE ACCESS TO THE ACCOUNT. TRANSACTIONS ARE CURRENTLY REVIEWED BY THE KPMG CONSULTANT AND APPROVED BY THE SENIOR DIRECTOR FOR INTERNATIONAL PROGRAMS AND THE CFO BEFORE PAYMENTS ARE MADE. ALL ELECTRONIC FUNDS TRANSFERS FROM THE SOUTH AFRICA BANK ACCOUNT ARE INITIATED FROM CEDPA HQ.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE BOARD HAS DELEGATED APPROVAL OF THE 990 TO THE BOARD'S EXECUTIVE COMMITTEE. MANAGEMENT PROVIDED THE DRAFT TO THE EXECUTIVE COMMITTEE. ONCE IT APPROVED THE 990, IT WAS SENT TO ALL BOARD MEMBER PRIOR TO FINAL SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, AT THE MID-YEAR BOARD MEETING, EACH MEMBER OF THE BOARD OF DIRECTORS SIGNS A STATEMENT ACKNOWLEDGING THAT HE/SHE HAS: (A) RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) READ AND UNDERSTOOD THE POLICY; (C) AGREES TO COMPLY WITH THE POLICY; AND (D) UNDERSTANDS THAT CEDPA IS A CHARITABLE ORGANIZATION AND MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE

Name of the organization **THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES**

Employer identification number
52-1021663

OR MORE OF ITS TAX EXEMPT SERVICES.

CEDPA'S PRACTICE OF RESOLVING POTENTIAL CONFLICT OF INTEREST AT THE BOARD LEVEL IS TO BRING THE MATTER TO THE ATTENTION OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. AFTER DISCUSSIONS TAKE PLACE AND A COURSE OF ACTION IS DECIDED UPON, THE CHAIR OF THE BOARD OF DIRECTORS MEETS WITH THE PERSON IN QUESTION TO COMMUNICATE THE DECISION AND THE ACTION THAT NEEDS TO OCCUR TO ADDRESS THE POTENTIAL CONFLICT OF INTEREST. IF THE CONFLICT OF INTEREST IS AT THE SENIOR MANAGEMENT LEVEL, THE MATTER IS DISCUSSED AMONG THE EXECUTIVE MANAGEMENT TEAM, MADE UP OF THE CEO, CFAO AND EACH DEPARTMENT HEAD; (OR A SUBSET OF THE EXECUTIVE TEAM, AS APPROPRIATE). ONCE A DECISION IS MADE, THE CEO COMMUNICATES THE NECESSARY ACTION TO THE MANAGER.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD'S EXECUTIVE COMMITTEE APPROVES COMPENSATION FOR THE CEO FOLLOWING REVIEW OF COMPARABILITY SURVEYS FROM SUCH INDEPENDENT SOURCES AS INSIDE NGO, GUIDESTAR, AND THE CHRONICLE OF PHILANTHROPY. THE BOARD'S EXECUTIVE COMMITTEE ANNUALLY APPROVES SALARIES FOR SENIOR STAFF FOLLOWING A REVIEW OF INDEPENDENTLY PROVIDED COMPARABILITY SURVEY DATA. DELIBERATIONS AND DECISIONS MADE BY THE BOARD'S EXECUTIVE COMMITTEE ARE DOCUMENTED IN THE COMMITTEE'S MEETING MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, CO, CA, CT, FL, GA, IL, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OR, PA, SC, TN
VA, WI, WA

FORM 990, PART VI, SECTION C, LINE 19: CEDPA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE.

Name of the organization THE CENTRE FOR DEVELOPMENT AND
POPULATION ACTIVITIES

Employer identification number
52-1021663

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 183,369.

PRIOR PERIOD ADJUSTMENT (SEE SCHEDULE O): 138,948.

TOTAL TO FORM 990, PART XI, LINE 5 322,317.

FORM 990, PART XI, LINE 5 AND SCHEDULE D, PART XII, LINE 2D:

PRIOR PERIOD ADJUSTMENT:

IN THE NIGERIA FIELD OFFICE, CEDPA NOTED A CASH BALANCE DIFFERENCE
RESULTING FROM DIFFERENCES IN PRIOR PERIODS BETWEEN THE QUICKBOOKS
ACCOUNTING RECORDS MAINTAINED AT THE FIELD OFFICE AND THE FUNDWARE
ACCOUNTING SYSTEM RECORDS AT THE DC HEADQUARTERS. TO RECONCILE THE CASH
BALANCE FOR THE NIGERIA FIELD OFFICE AS OF DECEMBER 31, 2010, CEDPA
MADE AN ADJUSTMENT TO INCREASE THE CASH ACCOUNT BY \$145,307.56. AS A
RESULT OF THIS PRIOR PERIOD ADJUSTMENT, CEDPA RECOGNIZED NON-CASH
CURRENT YEAR INCOME OF THIS AMOUNT IN THE STATEMENT OF ACTIVITIES FOR
THE YEAR.